

JUL 13 2005

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FACSIMILE COVER SHEET

Deliver to: David J. Czekaj, USPTO

Art Group: 2613

Facsimile No.: 703-872-9306

Date: July 13, 2005

From: Paul A. Mendonsa, Reg. No. 42,879

Our Docket No.: 42390P9324

Number of pages 20 including this sheet.

Application No.: 09/731,522

Filing Date: 12/6/2000

Docket Due Date(s): 4/14/2005 7/14/2005

Enclosed are the following documents:

- ☒ Amendment: After Final (14 pgs)
☐ Appeal Brief (____ pgs)
☐ Application: _____
 (____ pgs) w/cover & abstract
☐ Assignment & Cover Sheet (____ pgs)
☒ Certificate of Facsimile _____
☐ Continued Prosecution Application (CPA)
☐ Declaration & POA (____ pgs)
☐ Drawings: ____ sheets, ____ figures
☒ Extension of Time: three (3) months
☒ Fee Transmittal (in duplicate)
☐ IDS & PTO/SB/08 (____ pgs)
☐ Other _____

☐ Issue Fee Transmittal
☐ Notice of Appeal
☐ Petition for: _____
☒ Request for Continued Examination (RCE)
☐ Reply Brief (____ pgs)
☐ Request & Certification Under 35 USC 122(b)(2)(B)(i)
☐ Request to Rescind Previous Nonpublication Request
☐ Response to Notice of Missing Parts & Formalities Letter
☐ Response to Written Opinion (____ pgs)
☐ Terminal Disclaimer
☐ Transmittal of Publication Fee Due
☒ Transmittal Letter

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

Rachael L. Brown

7/13/2005

Date

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FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete If Known	
		Application Number	09/731,522
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 6, 2000
		First Named Inventor	Vaughn S. Iverson
TOTAL AMOUNT OF PAYMENT (\$) 1,860.00		Examiner Name	David J. Czekaj
		Art Unit	2613
		Attorney Docket No.	42390P9324

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. EXTRA CLAIM FEES <table> <tr> <td>Total Claims</td> <td>45</td> <td>- 44*</td> <td>= 1</td> <td>X</td> <td>50.00</td> <td>=</td> <td>\$50.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3*</td> <td>= 0</td> <td>X</td> <td>200.00</td> <td>=</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$)</td> <td>50.00</td> </tr> </table>		Total Claims	45	- 44*	= 1	X	50.00	=	\$50.00	Independent Claims	3	- 3*	= 0	X	200.00	=	\$0.00	Multiple Dependent								Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20		1201	200	2201	100	Independent claims in excess of 3		1203	360	2203	180	Multiple Dependent claim, if not paid		1204	300	2204	150	**Reissue independent claims over original patent		1205	300	2205	150	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (1)				(\$)	50.00	**or number previously paid, if greater. For Reissues, see below																																																									
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SUBMITTED BY Name (Print/Type) Paul A. Mendonsa Signature <i>Paul A. Mendonsa</i>		Registration No. (Attorney/Agent) 42,879 Date 07/13/05	Complete (if applicable) Telephone (503) 439-8778
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Based on PTO/58/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/731,522
 Filing Date December 6, 2000
 First Named Inventor Vaughn S. Iverson
 Examiner Name David J. Czekaj
 Art Unit 2613
 Attorney Docket No. 42390P9324

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 1,860.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION**1. EXTRA CLAIM FEES**

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	45	44*	= 1	x	50.00	= \$50.00
Independent Claims	3	3*	= 0	x	200.00	= \$0.00
Multiple Dependent						

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
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1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue Independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1)		(\$)	50.00
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**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
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2053	2053	130	130	Non-English specification	
1251	2251	120	60	Extension for reply within first month	
1252	2252	450	225	Extension for reply within second month	
1253	2253	1,020	510	Extension for reply within third month	
1254	2254	1,590	795	Extension for reply within fourth month	
1255	2255	2,160	1,080	Extension for reply within fifth month	
1401	2401	500	250	Notice of Appeal	
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1451	2451	1,510	1,510	Petition to institute a public use proceeding	
1460	2460	130	130	Petitions to the Commissioner	
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SUBTOTAL (2)				(\$ 1,810.00)	

SUBMITTED BY

Name (Print/Type) Paul A. Mendonsa Registration No. 42,879 Telephone (503) 439-8778
 Signature [Signature] Date 07/13/05

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